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	ID — For Official Use Only
III. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to in	nstructions.)
. Hazardous Waste Activity	B. Used Oil Fuel Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220 - 2,200 lbs.) c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. 4. Hazardous Waste Fuel a. Generator Marketing to Burner b. Other Marketers c. Boiler and/or industrial Furnace 1. Smelter Deferral 2. Small Quantity Exemption Indicate Type of Combustion Device(s) 2. Industrial Boiler 3. Industrial Furnace 5. Underground Injection Control X. Description of Regulated Wastes (Use Additional sheets if necessary)	1. Off-Specification Used Oil Fuel a. Generator Marketing to Burner b. Other Marketers c. Burner - indicate device(s) - Type of Combustion Device 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace 2. Specification Used Oil Fuel Marketer On-site Burner) Who First Claims the Meets the Specification
. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the your installation handles. (See 40 CFR Parts 261.20 - 261.24)	characteristics of nonlisted hazardous was
	than 12 waste codes.) 5 6 11 12
Other Wastes. (State or other wastes requiring an I.D. number. See instructions.) 1 2 3 4	5 6
S. Certification	
certify under penalty of law that I have personally examined and am familiar and all attached documents, and that based on my inquiry of those individuals the information, I believe that the submitted information is true, accurate, and componenties for submitting false information, including the possibility of fines and improve	immediately responsible for obtaini lete. I am aware that there are significa risonment.
NAME AND OFFICIAL TITLE (TYPE OR PRINT) JERRY SHROUT PCANT CO.	DROINATOR 7/25/96
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!. Missouri Required Information	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I
	S.I.C. CODE 3 36 3
MISSOURI GENERATOR ID NUMBER (IF ASSIGNED) DESCRIBE PRINCIPAL BUSINESS ACTIVITY	S.I.C. CODE 3 36 3 336 4
MISSOURI GENERATOR ID NUMBER (IF ASSIGNED)	S.I.C. CODE 3363 3364

, Rlease pr. or type with ELITE type (12 character er inch) in the unshaded areas only

Please refer to the Instructions for Fling Notification before completing this form. The information requested here is required by law Section 3010 of the Resource Conservation and Recovery Act).



MISSOURI DEPARTMENT OF NATURAL RESOUR HAZARDOUS WASTE PROGRAM P.O. BOX 176

JEFFERSON CITY, MISSOURI 65102 AUG 1 5 1996

JUL 29 1996

(314) 751-3176 Return completed forms to the address above

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I. Type of Regulated Waste Activity	(Mark 'X' in the appropriate boxes. Refer to i	nstructions.)
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1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220 - 2,200 lbs.) c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 a. For own waste only b. For commercial purposes	3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. 4. Hazardous Waste Fuel a. Generator Marketing to Burner b. Other Marketers c. Boiler and/or Industrial Furnace 1. Smelter Deferral	1. Off-Specification Used Oil Fuel a. Generator Marketing to Burner b. Other Marketers c. Burner - Indicate device(s) - Type of Combustion Device 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace
Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify	2. Small Quantity Exemption Indicate Type of Combustion Device(s) 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace 5. Underground Injection Control	
your installation handles. (See 40 CFR I I Ignitable 2. Corrosive 3. Reactive (D001) (D002) (D003)	Toxicity Characteristic (List specific EPA hazar	dous waste number(s) for the Toxicity ristic Contaminant(s))
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Certification		
d all attached documents, and the information, I believe that the sub	have personally examined and am familia at based on my inquiry of those individual mitted information is true, accurate, and com tion, including the possibility of fines and imp	s immediately responsible for obtaining plete. I am aware that there are significant
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X. Certification

SIGNATURE WYOUL	NAME AND OF	PHROUT	OR PRINT) PCANT	CO-ORDIN	DATE SIGNED	7/0	-5-/9	2	
X!. Missouri Required Information									
MISSOURI GENERATOR ID NUMBER (IF ASS	SIGNED)	0/2			S.I.C. CODE	3	36	3	
DESCRIBE PRINCIPAL BUSINESS A	CTIVITY					3	36	4	
XII. Comments									4

Note: Mail completed form to the MISSOURI DEPARTMENT OF NATURAL RESOURCES, HAZARDOUS WASTE PROGRAM.